# Property Loss Notice
## Building and Vehicle

**Claim Number:** _____

Agency Name:_____ Agency #: _____

Phone #:_____ E-Mail: _____

Address: _____ _____ _____ _____
Street City State Zip

Incident Date:_____ Time:_____ ☐ a.m. ☐ p.m. County: _____

## PROPERTY

**Building** – (Complete if loss involves an insured structure): SRM Location #: _____

Building Name _____ Building Address _____

City _____ State _____ County _____

Was building contents damaged: ☐ Yes ☐ No If yes, provide separate list of damaged contents with amount(s)

## AUTO PHYSICAL DAMAGE (APD)

**Vehicle** – (Complete if loss involves a vehicle with APD coverage):

Tag Number:_____ Year:_____ Make:_____

Model:_____ Vin #: _____

Was any equipment damaged? ☐ Yes ☐ No If yes, provide separate list of damaged equipment with amount(s)

**Describe how the damage occurred**:

Estimated amount of loss: $_____

Reported to: ☐ Fire Department ☐ Police ☐ Other:_____

Person to contact about inspecting the loss: _____ _____
Name Phone #

Form completed by: _____ Date:_____

Signature:_____ Phone:_____

**Return to: RISK MANAGEMENT, P. O. BOX 53364, OKLAHOMA CITY, OK 73152-3364**
**FAX: (405) 522-4442 EMAIL: SRM_Claims@omes.ok.gov**
**Contact Phone (405) 521-4999**